

EXHIBIT 2

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



PASSENGER/PATRON

VESSEL EMPLOYEES
(JONES Act)

VESSEL

PARKING LOT

TERMINAL AREA

OTHER (Explain Below)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE #

Date of Birth

199

Marital Status:

SSA Occupation:

Nearest relative/relationship: (To be filled out by Passengers/Patrons only) — Trip Chaperone

Name:

Address:

I

N

J

U

R

Y

DATE OF INJURY: October 6, 2011

TIME: 1:45

AM/PM

LOCATION:

VESSEL: MV Eagle

Trip # NOON

Terminal: —

Parking Lot: —

Bus # —

Other: N/A

Describe how injury occurred:

Forward TV Area

Door stepped on finger (thumb)
High winds

Witness, if any: ..

Reported to: Passenger

Date: 10/6/11

Describe injuries, if any:

(R) — hand thumb — swelling,
brisk appearing under nail

Was ambulance called? N.O. If YES, was injured party transported to hospital? YES, hospital name & address:

Did injured party make a statement as to cause of accident? If YES, what statement and to whom?
Wind/Door

CREW MEMBER/EMPLOYEE:

Did the employee return to work? N/A, If YES - When

Additional remarks:

Not broken or cut, bruising only

Injured Seaman must sign here:

S/A

Date: —

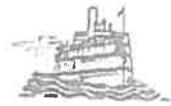
If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature:

John Sund

Position: Capt.

Date: 10/6/11

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VESSEL EMPLOYEES
(JONES ACT)

VESSEL



PARKING LOT



TERMINAL AREA



OTHER (Explain Below)

NAME:

MAILING ADDRESS:

CITY:

STATE

ZIP

PHONE #

Date of Birth:

12 Marital Status:

SSA Occupation:

N/A

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: (Husband) Address: Same

I N J U R Y

DATE OF INJURY: Nov. 20th 2011

TIME: 10:15 AM PM

LOCATION:

VESSEL: MV Eagle

Trip #

Terminal:

Parking Lot:

Bus #

Other:

Describe how injury occurred:

rough conditions, steadied himself @ door to women's room, hand on door frame, door slammed on right hand thumb.

Witness, if any:

Reported to:

Date:

Describe injuries, if any:

CONTUSION ON THUMB, minor bleeding (POSS. broken) above first joint @ nail base

Was ambulance called? YES, If YES, was injured party transported to hospital? YES If YES, hospital name & address:

Cottage Hospital, Nantucket.

Did injured party make a statement as to cause of accident, If YES, what statement and to whom?

As above

CREW MEMBER/EMPLOYEE:

Did the employee return to work?

N/A

If YES - When

Additional remarks:

Seated, stabilized, iced

Injured Seaman must sign here:

S/A

Date:

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: D. M.

Position: Captain Date: 11/20/11

ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

CHAIRED

NOV 21 2011

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(ON SSA PROPERTY)

PASSENGER/PATRON

VESSEL EMPLOYEES
(JONES ACT)

VESSEL



PARKING LOT



TERMINAL AREA



OTHER (Explain Below)

NAME: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED]

STAT:

ZIP:

PHONE #:

Date of Birth: [REDACTED]

2007

Marital Status: N/A

SSA Occupation: N/A

Nearest Relative Name: [REDACTED]

Name: [REDACTED]

Address: [REDACTED]

I
N
J
U
R
Y

DATE OF INJURY: 8-21-2012

TIME: 19:20

AM / PM

LOCATION:

VESSEL: MV EAGLE

Trip #

/ Terminal: Hy A

Parking Lot:

Bus #

Other:

Describe how injury occurred:

DOOR WAS LET GO ON PASSENGER (SYN)
BY ANOTHER PERSON IN FRONT OF FAMILY PORT SIDE O'Z DK (FORWD)
LEADING OUTSIDE.

Witness, if any: MOTHER

Reported to: PERSON/6K

Date: 8-21-12

Describe injuries, if any: Right PINKIE FINGER BLEEDING AND POSSIBLY

BROKEN

Was ambulance called? NO

If YES, was injured party transported to hospital? YES

If YES, hospital name & address: CAPE COD HOSPITAL, HYANNIS, MA 02601

Did injured party make a statement as to cause of accident. If YES, what statement and to whom?

MOTHER & FATHER of child MADE THE STATEMENT

CREW MEMBER/EMPLOYEE:

Did the employee return to work? YES - When

Additional remarks:

Injured Seaman must sign here:

Date:

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: *Jfa*

Position:

Rept

Date: 8/22/12

ROUTING: White - Human Resources Office
Canary - Injured Party
Pmt - Preparer

GMA 8/22/12

*The Steership
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



PASSENGER/PATRON

VESSEL EMPLOYEES
(JONES ACT)

VESSEL



PARKING LOT



TERMINAL AREA



OTHER (Explain Below)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

Date of Birth:

Marital Status:

SSA Occupation:

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name:

Address:

SAME

I	DATE OF INJURY:	9/3/2012
N	TIME:	13:50 AM <input checked="" type="radio"/>
J	LOCATION:	
U	VESSEL: MV <u>EAGLE</u> Trip # <u>12:00</u> Terminal:	Parking Lot: Bus #
R	Other:	
I	Describe how injury occurred: <u>FINGER</u> <u>BROKE</u> <u>AT</u> <u>STARBOARD</u> <u>AFD</u> <u>EXIT</u> <u>DOOR</u> <u>FINGERS</u> <u>PUNCH</u> <u>ON</u> <u>INSIDE</u> <u>OF</u> <u>DOOR</u> <u>Hinge</u>	
N	Witness, if any:	<u>MOTHER</u> - Reported to: <u>PLUMBER</u> Date: <u>9-3-12</u>
F	Describe injuries, if any:	<u>RIGHT</u> <u>3rd</u> <u>DEG</u> <u>LICHTON</u> <u>C</u> <u>PRUNE</u> <u>DIP</u> <u>SCRT</u> , <u>AVISED</u> <u>2nd</u> <u>DEG</u> <u>NAIL</u> / <u>AVISED</u> <u>4th</u> <u>DEG</u> <u>NAIL</u>
O	Was ambulance called? <u>NO</u>	If YES, was injured party transported to hospital?
R	<u>MOTHER</u> <u>STATE</u> <u>SHE</u> <u>WILL</u> <u>GO</u> <u>TO</u> <u>HOSPITAL</u>	
M	Did injured party make a statement as to cause of accident, If YES, what statement and to whom?	
A		
T		
I		
O		
N		

CREW MEMBER/EMPLOYEE:

Did the employee return to work? NO, If YES - When

Additional remarks:

Injured Seaman must sign here:

Date:

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: JIM FINTONPosition: Capt.Date: 9/3/12

Emailed

*The Steamship
Authority*

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**



<input checked="" type="checkbox"/> PASSENGER/PATRON		VESSEL EMPLOYEES (JONES ACT)		
<input type="checkbox"/> VESSEL		PARKING LOT	TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: [REDACTED]				
MAILING ADDRESS: [REDACTED]				
CITY: [REDACTED]		STATE: [REDACTED]	ZIP: [REDACTED]	PHONE # [REDACTED]
Date of Birth:		1/2009	Marital Status:	<input checked="" type="checkbox"/> SSA Occupation:
Nearest relative/relationship: (To be filled out by Passengers/Patrons only) Name: [REDACTED] Address: [REDACTED] Cell: [REDACTED] Home: [REDACTED]				
I N J U R Y D A T E O F I N J U R Y TIME: 1925 AM <input checked="" type="radio"/>				
VESSEL: MV EAGLE Trip #		LOCATION Terminal: [REDACTED] Parking Lot: [REDACTED] Bus # [REDACTED]		
Other: UNDERWAY, NANT TO HY, IN HYANNIS HARBOR.				
Describe how injury occurred: BOY CAUGHT HIS HAND IN THE DOORWAY, 03 DECK, STARBOARD SIDE. (RIGHT HAND)				
WITNESS, if any: PARENTS		Reported to:		Date: [REDACTED]
Describe injuries, if any: DOOR CLOSED ON THE FINGER TIPS, UNSURE OF INJURIES. MEDICAL REPORT TO FOLLOW FROM HOSPITAL.				
Was ambulance called? YES If YES, was injured party transported to hospital? YES . If YES, hospital name & address: CAPE COD HOSPITAL, HYANNIS MA				
Did injured party make a statement as to cause of accident? If YES, what statement said to whom?				
CREW MEMBER/EMPLOYEE:				
Did the employee return to work? NO If YES - When: [REDACTED]				
Additional remarks: WEATHER: WIND WIND, 10-15 KNOTS, SEAS 1-2 FT, FAIR.				
Prepared by SSA personnel: James Corbett Position: CAPTAIN Date: 8/14/13				
If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.				
Signature: <i>[Signature]</i>		Position: CAPTAIN		Date: 8/14/13

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<input type="checkbox"/>	PASSENGER/PATRON	VESSEL EMPLOYEES (JONES ACT)		
<input checked="" type="checkbox"/>	VESSEL	PARKING LOT	TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)

NAME:	ARNOLD ARNOLD		
MAILING ADDRESS	54 HENRY ST #6		
CITY: NEW YORK	STATE: NY	ZIP/0002	PHONE # 347-885-1250
Date of Birth: 11/18/84	Marital Status: S SSA Occupation: NO		

Nearest relative/relationship: (to be filled out by Passengers/Patrons only)

Name: PATRICK ARNOLD Address:

I	DATE OF INJURY:	TIME:	AM / PM
N	LOCATION		
J	VESSEL: MV EAGLE	Tip #	Terminal
U	Other:		Parking Lot
R	Bus #		
Y	Describe how injury occurred:		
I	Bathroom door closed on Two Finger		
N			
F			
O	Witness, if any:	Reported to:	Date:
R	Describe Injuries, if any: 2 Fing. CUT BAD		
M			
A	Was ambulance called? YES, If YES, was injured party transported to hospital? <input checked="" type="checkbox"/> If YES, hospital name & address: Nantucket		
T			
I	Did injured party make a statement as to cause of accident, if YES, what statement and to whom? Door closed on Finger		
O			
N	CREW MEMBER/EMPLOYEE:		
Did the employee return to work? , If YES - When			
Additional remarks:			

Prepared by SSA personnel: *S. Pollitt* Position: Pilot Date: 1-30-16

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor

Signature: *Stephen Pollitt* Position: Date: 1-30-16

Stephen Pollitt

ROUTING: White & Yellow - To Personnel Department
Personnel will send Yellow to Insurance Company
Pink - Injured Gold - Prepared

SSA 806

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